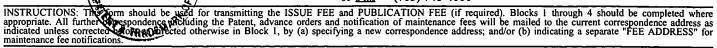
## PART B - FEE(S) TRANSMITTAL

Complete and send his form, together with applicable fee(s), to: Mail

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Mail Stop ISSUE FEE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

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Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name) (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR.	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/884,747	06/18/2001	Hugo Alberto Emilio Santini	SJO920000108US1	5649

TITLE OF INVENTION: PROTECTION OF SECOND POLE TIP THICKNESS DURING FABRICATION OF A WRITE HEAD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300	\$1630	07/27/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS		
TUGBANG, ANTHONY D		3729		029-603120		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		ttorneys or 1 Ervin of a single attorney or 2 ered patent	F. Johnston
The Address indication (or "Fee Address" Indication form				d the names of up to 2 register or agents. If no name is listed	er	ed patent

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY) International Business Machines Corporation Armonk, New York

☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.					
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(Authorized Signature)	(Date)
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other than the applicant; a registered attorney	or agent; or the assignee or other party in

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